CHILD AND ADULT CARE FOOD PROGRAM

Day Care Center Claim for Reimbursement

Montana CACFP

Claims are due on or before the 10th of each month. Claims not postmarked and/or received within 60 days of the claim month will not be paid [REF: 7 CFR 226.10(e)] without FNS approval for a one-time exception.

Nu	umber of Facilities		Current Month Enrollment:
Nu	umber of Days CACFP Me	eals Were Served	Free
То	otal Monthly Attendance		Reduced
Av	verage Daily Attendance		Paid
Lio	censed Capacity		Total
Total CACFP Meals Served to Enrolled Children:			
		Breakfast	
		Lunch	
		Supper	
	·	Supplement/Snack	
available to support it, it is in accordance with an existing agreement and applicable licensing requirements, and payment has not been received. I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal laws. Signature Date			
Title Phone Child & Adult Care Food Program Department of Public Health & Human Services 111 N. Jackson St. 5 th Floor, PO Box 202925 Helena, MT 59620-2925 Toll Free 888-307-9333 Retain Pink Copy for Your Files			
Institution:			
Address:		Provider #:	
Type of Facility:	Day Care	Outside School Prog	ram
	Head Start	Special After School	Program
		For Month of	20

White: State Agency Pink: Center

TOTAL MONTHLY ATTENDANCE

Record the total number of children in attendance daily. This should include every child who attended during the day.

Each month, add the totals for each child's daily attendance. This is the total Monthly attendance.

Calculate the AVERAGE DAILY ATTENDANCE

Divide the **Total Monthly Attendance** by the **Number of Days the Center Operated.** Round this number up, to the nearest whole number.